

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

APPLICATION FOR RESERVATION OF NAME LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$20 payable to SECRETARY OF STATE

Telephone # _____

FAX # _____

Pursuant to the provisions of the South Dakota Law, the undersigned hereby applies for reservation of the following name for a period of one hundred twenty (120) days, which period shall not be extended.

1. The name to be reserved is _____

The name shall contain without abbreviation the words "limited partnership".

2. Check one to indicate how the reserved name is to be used:

- ☐ Any person intending to organize a domestic limited partnership
- ☐ Any domestic limited partnership or any foreign limited partnership registered in this state which, in either case, intends to adopt that name
- ☐ Any foreign limited partnership intending to register in this state and adopt that name
- ☐ Any person intending to organize a foreign limited partnership and intending to have it registered in this state and adopt that name

Dated _____

(Signature of the applicant)

(Printed Name)

(Title)

(Address)

(City)

(State)

(ZIP+4)